DWI Technical Assistance Evaluation

MH/DD/SAS Review 2006-07

Provider:	Contact Name:		
Address:			
City:		State: N	North Carolina
Email:			
Assessment:			Strengths
Mental Health Reports and Recordkeeping			
2. Screening, Client Orientation, and Testing			
3. Program Goals, Financial Costs and Procedures			
4. Financial Recordkeeping and Management			
5. NC Statutes, Rules, and Laws			
6. Networking with DWI Professionals			
7. Addiction, and Cross Addiction Knowledge			
Treatment:			Strengths
1. Treatment Planning, Goal Development			
2. APSM 45-2 Service Record Manual Understanding, Treatr	nent Notes		
3. Special Population Knowledge / Program Development and	d Requirements		
4. Discharge Summary Development, Outcomes, and Follow-	-up		
5. Client Education, Minimum Required Elements			
6. Community Support Groups, Resource and Information Av			
7. Coexisting Conditions, (Med., Psych., Phys.), Resource Dev. and Consultation			
Program Summary & Technical Assistance Requirements			
Auditor:	Dat	e:	